

PRINT RANK, FIRST NAME MI LAST NAME	1. Department or Establishment, Bureau, Division or Office DET 5 STARC R&R ATTN: Budget Officer P.O. Box 269101/9800 Goethe Road Sacramento, CA 95826-9101	2. VOUCHER NUMBER
CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

4.	a. NAME (Last, first, middle initial)	b. SOCIAL SECURITY NO.
	c. MAILING ADDRESS (Include ZIP Code)	d. OFFICE TELEPHONE NUMBER

5. PAID BY

6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)

DATE 19__	C O D E	Show appropriate code in col. (b):		MILEAGE RATE .30 ¢	AMOUNT CLAIMED			
		A-Local travel	* Receipts required over \$25.00		MILEAGE	FARE OR TOLL	ADD PER- SONS	TIPS AND MISCEL- LANEOUS
(a)	(h)	(c) FROM	(d) TO	NO. OF MILES (e)	(f)	(g)	(h)	(i)
		(Explain expenditures in specific detail)						
		SNACKS () Applicants () COI's						
		LUNCH () Applicants () COI's						
		DINNER () Applicants () COI's						
		PARKING FEES						
		OFFICIAL PHONE CALLS						
		* AUTH MISC EXPENSES (Less Business Cards)						
		FARE/TOLL FEE						
		POV EXPENSES (Prior Authorization Required)						
		COPIES OF DOCUMENTS (When not available at Military Facilities)						
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK	Maximum Authorized \$75.00 plus Fare or Toll/POV Expense/Business Cards			

7. AMOUNT CLAIMED (Total of cols (f), (g) and (i).) ▶ \$

TOTALS

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized in writing by the head of the department or agency to certify (3) U.S.C. 680a.)

Sign Original Only

DATE

APPROVING
OFFICIAL
SIGN HERE

9. This claim is certified and proper for payment.

Sign Original Only

DATE

AUTHORIZED
CERTIFYING
OFFICER
SIGN HERE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT
SIGN HERE

DATE

11. CASH PAYMENT RECEIPT

a. PAYEE (Signature)

b. DATE RECEIVED

c. AMOUNT

\$

12. PAYMENT MADE BY
CHECK NO.

ACCOUNTING CLASSIFICATION

2182065 18-1004 P518891.59 RRO 2572
2182060 18-1004 P2H62-1100 219A
2182060 18-1004 2H52-1000 219A
2182065 18-1004 P518891.53 RRO 2572

Total \$
Total \$
Total \$
Total \$